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CONFIRMATION NO. 6214

<b>SERIAL NUMBER</b> 10/523,400	<b>FILING OR 371(c) DATE</b> 11/14/2005 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> P70365US0
<b>APPLICANTS</b> Bernard Pau, Montpellier, FRANCE; Francois Rieunier, Bois D'Arcy, FRANCE; Isabelle Giuliani, Montpellier, FRANCE;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR03/02483 08/07/2003				
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 02 10063 08/07/2002				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/18/2007</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 35
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 136				
<b>TITLE</b> SPECIFIC ANTIBODIES FOR DIAGNOSING HEART FAILURE				
<b>FILING FEE RECEIVED</b> 2180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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